IDAHO COUNCIL ON CHILDREN'S MENTAL HEALTH

Report to the Governor
December 2004

Introduction

Research indicates that over 17,000 children in Idaho live with a serious emotional disturbance (SED). Children affected by SED often have difficulty functioning at home, school, and in the community. Approximately 40 percent of these children and their families will need to access public services. The Idaho Council on Children's Mental Health (ICCMH) is the governing body for building systems of care for children and families in Idaho. The system of care framework provides a holistic and coordinated approach to helping families affected by serious emotional disturbance (SED). Child-serving agencies and organizations work together to provide seamless care for children. In a system of care, families and professionals plan services and supports that are centered on the strengths of the child and family, so that children with SED can thrive in their communities.

Children's Mental Health councils are a vital part of our system of care. Regional councils provide administrative oversight to local councils. Local councils empower families to make decisions, coordinate services and supports, and reduce the negative impact of mental health disorders on families. The councils are characterized by community partnerships.

This document includes a summary of progress in the Idaho system of care, including accomplishments, challenges, and recommendations from the ICCMH. A report on agency collaboration is included.

Idaho Council on Children's Mental Health

The ICCMH is chaired by the Lieutenant Governor. Members are appointed from the Governor's Office, Departments of Health and Welfare, Juvenile Corrections, Education, and include parents, advocacy groups, a county commissioner, legislature, judicial branch, children's mental health service providers, and regional councils, a Tribal coordinating council member and a member of the Hispanic community. Membership represents core partners of the System of Care.

ICCMH Recommendations

1. The Governor should continue his strong commitment to children's services. The highest priority for the Idaho System of Care is service coordination. Funding for service coordinators is needed so the system can properly serve children and families.

2. Agency and government leaders should study the implications of the System of Care philosophy. This includes financial and educational components.

3. All child-serving agencies should make efforts to increase evidence-based practice to children and their families. Fidelity checks for all services should be established.

4. Policies should be examined for barriers to serving children within a System of Care. Barriers should be resolved through partnerships between community stakeholders and agency leaders.

Summary of the Past Year

Consistent Care for Families
Regional and local council chairs conducted a review of current business practices across the councils. The result is a draft plan addressing challenges faced in helping families including service planning, service coordination, and case documentation. The ICCMH approved the draft, with service coordination as a top priority. Further discussions on funding for service coordinators will be held. The work accomplished in this business plan reinforces the need for stakeholder input at every level, and the service delivery level in particular.

Strategic Planning for Councils
The ICCMH supported councils this year by sponsoring strategic planning meetings and monthly regional chair meetings. During strategic planning meetings, local and regional councils developed vision and mission statements aligned to Systems of Care Core Values and Guiding Principles[1]. Monthly regional chair meetings encouraged priority setting and unity among regional and local councils. Priorities are the need for service coordinators and to increase family and agency participation in councils.

Diversity
The ICCMH reflects the diversity of the state by including voting membership for Native American and parent representatives. The ICCMH authorized development of the Tribal Coordinating Council in August 2004. It will coordinate services for Native American children who are served by tribal and state agencies. The council serves as a full partner in resource mapping and policy recommendations. The parent representative, Regional Councils representative, and the Idaho Federation of Families for Children's Mental Health have raised

[1] Stoul, B., & Friedman, R. (1986) A System of Care for youth with severe emotional disturbances (Rev.ed.) Washington D.C., Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

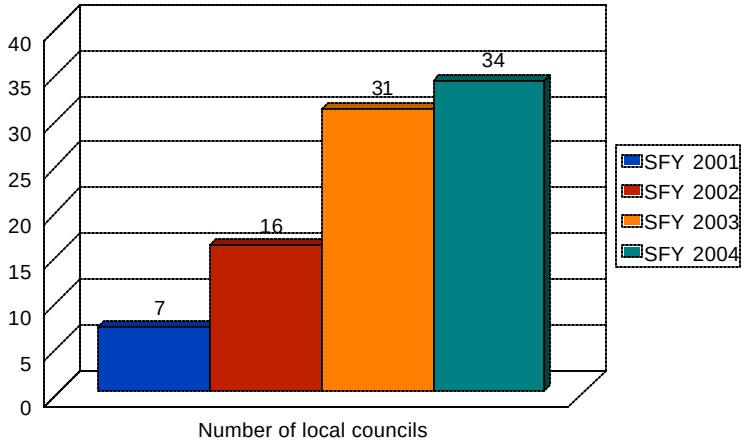
children with mental health needs. They bring insight and understanding from their personal experiences.

Building on Each Other's Strengths

The "Building on Each Other's Strengths" project supports System of Care development in Idaho. Key areas are technical assistance to community partners, evaluation, infrastructure building, and a communications campaign. Accomplishments include an orientation manual for council members, the annual statewide Children's Mental Health Conference, updated "Children's Mental Health: A Parent's Guide," and local council evaluation.

Councils Serving Families

The rapid growth of councils at the local community level is a clear indicator of the grassroots level support for the System of Care philosophy across the state. The support at the local level continues despite challenges imposed by fluctuating budgets, limited service capacity, and agency constraints.



Council Data

Councils offer long-term resource planning and coordination for families, known as staffing. Families work with council members to develop plans based on individual strengths of the child and family. Families also are served outside of council staffings. Services include family supports, resource library materials, and recreational passes. The table below indicates the number of families served through councils statewide in 2004.

Families Served by Local Councils

	SFY 02	**SFY 03**	**SFY 04**
Unduplicated Number of Children/Families Served	(Information not available)	(Information not available)	197
Unduplicated number of Children/Families Staffed	94	110	145

Federal Site Visit

As part of the "Building on Each Other's Strengths" project, a federal project officer conducted a site visit to review progress of the project plan. The federal project officer's review team met with stakeholders and families served by the statewide system at all levels, and conducted reviews of structural, fiscal, organizational, and service delivery processes. Though not an extensive review, several areas of concern were identified and recommendations made to reinforce gains and accelerate efforts to complete System of Care implementation.

Key observations of the federal project officer include the lack of comprehensive strategic planning and system sustainability, standardization of case management processes, uniform case documentation and files handling, and continuing to recruit parents for partnership and leadership roles at all levels. The review team noted work was under way in several areas, but encouraged accelerating efforts so the system's efficiency and growth would keep pace with more families seeking services.

In addition to the federal site review, an evaluation was conducted by ORC Macro, primary contractor for the national systems of care evaluation. This review differed from the federal project officer site visit in terms of the review focus. The ORC Macro review focused on comparing our System of Care to the Core Values and Guiding Principles of System of Care. The final report is pending; however, the exit interview with evaluators noted many of the same areas of concern as the federal project officer review team. The two reviews provide clear guidance on areas for improvement.

Challenges

The structure of public agency partners limits collaboration. Each partner has its own unique set of mandates, funding sources, and target populations. This compounds the number of barriers experienced by families. This multiple-vision approach makes effective collaboration difficult, as there is no clear vision of what the system is to look like or produce. This is not a criticism of any partner, but a simple statement of fact about each one. Each partner has a job to do, parameters within which to do that job, and limited resources. It is, therefore, difficult to see past various target populations and how each partner fits into the system. We struggle to see that our unique skills, abilities and resources can come together to help families and benefit entire communities.

Uniform service coordination can bring our resources together. Council service coordinators can work with families to coordinate community-based services and supports into one plan. Case management services offered by agency partners focus on individual agency services. This often creates a situation where service coordination is not always possible.
In addition, the responsibility for council service coordination often is assumed by the agency or community partner making the initial referral. This frustrates agency and community partners who have other responsibilities.

The federal project officer's site review team made the following observations concerning case management (service coordination) in the Idaho System of Care during their site visit conducted in May of 2004:

> Case management is loosely organized, at the local council level, with each council providing a unique model with varying degrees of focus on strengths assessment, crisis planning, cultural assessment, individualized service planning and charting. There is no coherent philosophy of case management, nor is there any consistent process for documenting eligibility of the child. Assessments are provided by the Department of Health and Welfare (DHW) clinicians, but the connection between case management process and assessments is not the same across local councils or regions.

Each partner is necessary to the establishment and success of the System of Care, and yet each is limited in its ability to fully participate, producing a growing sense of frustration. We continue to have difficulty seeing each partner's place in the system and what they can bring to it. There continues to be a "your child" "my child" mentality that is detrimental to System of Care development. The System of Care philosophy envisions that it is "our child." In a System of Care, all partners bring resources together to children and families. There is no System of Care without the participation of all partners.

When all partners fully participate, everyone wins. National studies of the System of Care communities show improvement in academic functioning and attendance, as well as decreased involvement in juvenile justice. Both trends support education and juvenile justice agency goals.

While the ICCMH has specific responsibilities and functions as contained within the executive order, the ICCMH needs a clear vision and the means with which carry out that vision. The system has reached a point where to move on and achieve a System of Care it has become necessary to explore ways to enhance the ICCMH structure and its ability to carry out its mandates. We need to look at this now, while the system is still young, before continuing frustrations diminish the level of effort provided by partners at all levels of the system.

Agency Collaboration

Despite challenges, child-serving agencies are taking steps to work together on behalf of children and families affected by SED. The Department of Juvenile Corrections (DJC) adopted the same definition and clinical assessment tool that Health and Welfare (DHW) uses to determine eligibility for children's mental health services. This facilitates continuation of mental health services when juveniles are released back to the community.

DJC juveniles with serious emotional disturbance (as well as non-SED juveniles in some locations) are eligible to receive services from a local council. The DJC Juvenile Services Coordinator and/or the parent can make the request. Council service occurs during the aftercare planning process, resulting in improved coordination of community-based services for children being released from DJC custody.

Members of the DJC Clinical Services staff continue to be regular participants in regional and local Children's Mental Health Councils throughout the state. Staff assignments to the councils were made by the three regional clinical supervisors, and participants include the clinical supervisors themselves, clinicians, and juvenile services coordinators. The expectation of those participants is to assist the council in focusing on needs of individual youth and to seek creative options for using individuals, family, and community resources to address those needs.

Health and Welfare, Education, and representatives from the Idaho Association of School Administrators are developing a model for delivery school-based mental health services. The effort will result in a more standardized set of core services provided in partnership between DHW and school districts. These changes are slated to be implemented in the 2005-2006 school year. Key improvements include:

- A more equitable model for funding distribution;
- A set of core services that will be delivered in a self-contained, day treatment setting or through a wrap-around support;
- Recognition of Emotional Disturbance as meeting criteria for Serious Emotional Disturbance;
- Distribution of a guidance document to assist DHW regions and school districts in the development of more standardized contracts; and.
- Joint planning and collaboration on students identified as receiving services.

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